

01/25/01

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APPLICATION, Assistant Commissioner of Patents,
Washington, D.C. 20231.

Laurence J. Shaw

January 25, 2001
Date

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JC961 U.S. PRO
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PATENT
TIM-CCW-R

THE COMMISSIONER OF PATENTS AND TRADEMARKS
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith for filing is the new
 non-provisional patent application under 35 U.S.C. § 111(a)
 provisional patent application under 35 U.S.C. § 111(b)

of:

First Inventor: Xinhui Niu
Address of First Inventor: 1422 Birchmeadow Lane, San Jose, California, 95131
Citizenship of First Inventor: China (People's Republic of China)

Second Inventor: Nickhil Harshavardhan Jakatdar

Address of Second Inventor: 1226 Koi Terrace, Fremont, California 94536
Citizenship of Second Inventor: India

Title: CACHING OF INTRA-LAYER CALCULATIONS FOR RAPID RIGOROUS
COUPLED-WAVE ANALYSES

The present application is based on provisional patent application

Serial No.: 60/178,910

Filed: January 26, 2000

By: the above-specified inventors

Entitled: Cached Coupled-Wave Method for Diffraction Grating Profile Analysis

Enclosed are:

- [X] Specification, totalling 67 pages of text and 13 sheets of formal drawings
[X] Inventors' Declaration, signed, unsigned
[] Assignment of the invention to _____; including Assignment Cover sheet
and Check No. ____ for \$40.00
[] Power of Attorney

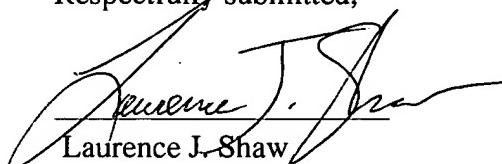
- Applicant claims Small Entity Status

The filing fee has been calculated as shown below:

FOR:	CLAIMS FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	STANDARD RATE	STANDARD FEE
NON-PROVISIONAL APPL. BASIC FEE				\$355		\$710
TOTAL CLAIMS	56	36	X \$9 =	\$324	X \$18 =	
INDEPENDENT CLAIMS	10	7	X \$40 =	\$280	X \$80 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			X \$125 =	0	X \$250 =	
			TOTAL	\$959	TOTAL	

- Please charge the amount of \$_____ to Deposit Account No. 19-1535. A duplicate copy of this sheet is enclosed.
- Check No. _____ in the amount of \$_____ to cover the filing fee is enclosed.
- Filing fees will be paid in response to a Notice of Missing Parts.
- The Commissioner is hereby authorized to charge payment of any additional required fees associated with this communication or credit any overpayment to Deposit Account No. 19-1535. A duplicate copy of this sheet is enclosed.
- Return receipt postcard.

Respectfully submitted,



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